

SUPPLIER CODE		TERMS		F.O.B.		INVOICE DATE	
057015273		2nd day 2nd month		ROCHESTER, MI		10/03/05	
SHIP DATE	SHIPPER NO.	SHIPPED VIA		GROSS		TARE	NET
10/03/05	064629	BAX GLOBAL		93		21	90
P.O. NUMBER	CUSTOMER PART NUMBER DESCRIPTION			QUANTITY SHIPPED	UOM	UNIT PRICE	AMOUNT
SAG9010236	07834482 RETAINER, GREASE INTERNAL #: 1159			6,000	EA	.0535	\$321.00
							\$0.00
						Subtotal	\$321.00
						Sales Tax	\$0.00
						Freight Charges	\$0.00
						Invoice Total	\$321.00
						Disc Available	\$0.00
						Funds: USD	



1671 East Hamlin Road  
Rochester, Michigan 48307  
Phone: 248-651-6302  
Fax: 248-651-0703  
DUNS #057015273

S O L D T O  
GMACQ-DELPHI SAGINAW  
NAO DISBURSEMENTS  
INVOICELESS SUPERVISOR  
P.O. BOX 436040  
PONTIAC, MI 483436040

005356878  
DELPHI S PLANT 5 FWD AXLES  
3900 HOLLAND RD.  
CISCO: 44025 SAP#: K905  
SAGINAW, MI 48601

DATE	INVOICE NO./ PACKING SLIP NO.
10/03/05	STD 64629
BILL OF LADING	64629

SUPPLIER NO. 057015273		SHIPPED VIA BAX GLOBAL		TERMS 25TH PROX			
OUR NO.	PURCHASE ORDER NO. ACCUM. SHIPPED	NO. OF PKGS. GROSS WGT.	PART NUMBER DESCRIPTION	QUANTITY SHIPPED	UNIT PRICE	AMOUNT	
1159	SAG9010236 1136000	3 93	07834482 RETAINER, GREASE REV. 00 LOT 98105 6000 PCS BOX# CALL ALVAN FOR PICK UP 1-800-642-5826 PRICE EFF. 1/1/05-12/31/05	6000			
3-SC		93					
TOTAL NO. OF PACKAGES		TOTAL WEIGHT					

We hereby certify that these goods were produced in compliance with all applicable requirements of Section 6, 7, and 12 of the Fair Labor Standards Act, as amended, and of the regulations and orders of the United States Department of Labor issued under Section 14 thereof.



**GLOBAL** 440 EXCHANGE  
IRVINE, CA 92602

DATE	ORIGIN	DESTINATION
10/13/05	DIW	
SHIPPER'S REFERENCE NO. 214625		
SHIPPER'S ACCOUNT NO. 291397650		
COMPANY		
HAMLIN TOOL & MACHINE		
FROM (YOUR NAME)		
1671 HAMLIN RD		
STREET ADDRESS		
CITY	STATE	ZIP (REQUIRED)
ROCHESTER	MI	48307

BILLING INFORMATION	
PREPAID (SHIPPER)	CASH RECEIVED (PAID IN ADVANCE)
<input type="checkbox"/>	\$
COLLECT (CONSIGNEE)	RATE QUOTE NUMBER
<input type="checkbox"/>	
3RD PARTY (ACCT. NO. REQ'D)	
ACCOUNT NO. 643939531	
COMPANY/NAME	
C.O.D.	
BAX GLOBAL WILL COLLECT CONSIGNEE'S CHECK MADE PAYABLE ONLY TO THE SHIPPER FOR THE VALUE OF THE GOODS IN THE AMOUNT SHOWN.	

AIRBILL NUMBER	690 714 695
----------------	-------------

I certify that this cargo does not contain any unauthorized explosives, incendiaries or hazardous materials. I consent to a search of this cargo. I am aware that this endorsement and original signature, along with other shipping documents, will be retained on file for at least thirty days.

SHIPPER / REPRESENTATIVE SIGNATURE: SIGN NAME X	PRINT NAME X	DATE 10/13/05
---	--------------	---------------

RECEIVED BY BAX GLOBAL DRIVER / AGENT

Driver Signature: R. Green	Print Name: R. Green
Pick Up Date: 10/13/05	Pick Up Time: 2:30 pm

(IN ORDER TO EXPEDITE, SHIPMENT MAY BE DIVERTED TO MOTOR OR OTHER CARRIER AS PER TARIFF RULE UNLESS SHIPPER GIVES OTHER INSTRUCTIONS HEREON.)

NON-NEGOTIABLE AIRBILL SUBJECT TO TERMS AND CONDITIONS OF CONTRACT ON REVERSE SIDE.

1-800-CALL-BAX  
FOR INFORMATION OR THE  
BAX OFFICE NEAREST YOU

SERVICE REQUESTED	
GUARANTEED SERVICES	
CALL YOUR LOCAL BAX STATION	
<input type="checkbox"/>	Guaranteed First Arrival (EMR 1)
<input type="checkbox"/>	Guaranteed Overnight (EMR 2)
<input type="checkbox"/>	Guaranteed Airport-to-Airport (EMR 3)
<input type="checkbox"/>	Guaranteed 2nd Day (ER2 D)

STANDARD SERVICES	
<input type="checkbox"/>	OVERNIGHT (NEXT BUSINESS DAY)
<input type="checkbox"/>	SECOND DAY
<input checked="" type="checkbox"/>	BAX SAVER
<input type="checkbox"/>	NEXT FLIGHT AVAILABLE
<input type="checkbox"/>	OTHER

FOR BAX GLOBAL USE ONLY	
RECEIVED BY BAX AT	CHARGES ADVANCED
<input type="checkbox"/> SHIPPER'S DOOR	PRO NUMBER
<input type="checkbox"/> BAX TERMINAL	CARRIER NAME

DECLARED VALUE	
\$	
LIMIT OF LIABILITY: AIRBILL PHASE IS FOR REQUIRED VALUE UNIFORM.	

FOR BAX GLOBAL USE ONLY	
OUTSIDE CARRIER: \$	PRO NUMBER

1st personal ID reviewed:	
# appearing on ID	Matched photo on ID?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

2nd personal ID reviewed:	
# appearing on ID	Matched photo on ID?
	<input type="checkbox"/> YES <input type="checkbox"/> NO

SHIPPER COPY

CARRIER: BAX GLOBAL BAXG CARRIER'S NO: SHIPPER'S NO:

From HAMLIN TOOL AND MACHINE COMPANY, INC.  
At ROCHESTER, MICHIGAN 48307 D-U-N-S #057015273

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of said bill of lading including those on the back thereof set forth in the classification or tariff which governs the transportation of this shipment and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to DELPHI S PLANT 5 FWD AXLES (Mail or street address of consignee — For purposes of notification only)  
3900 HOLLAND RD.  
CISCO: 44025 SAP#: K905  
SAGINAW, MI 48601

NO. PACKAGES	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT (SUBJECT TO CORRECTION)	CLASS RATE OR	CHECK COL
--------------	---	-----------------------------------	------------------	--------------

Supplier# 057015273 SID #  
3 PCS71 CARTON 64629 90 NET WT.  
3 TARE WT.  
93 GROSS WT.

DELPHI S PLANT 5 FWD AXLES

===== T O T A L S =====  
90 TOT NET 3 TOT TAR 93 TOT GRS

PCS71-3  
CLASS RATE: 50 AUTOMOTIVE METAL PARTS  
3RD PARTY COLLECT  
BILL: DELPHI S, 44025 SAGINAW MI c/o  
DATA 2 LOGISTICS P/O BOX 9115 NORWOOD, MA 02362

Trailer#: 6149  
ShipTime: 10/3/05  
R.B. GREIG BAX

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Per _____ (Signature of Consignor)	If charges are to be prepaid, write or stamp here, "To be Prepaid".	Received \$ _____ to apply in prepayment of the charges on the property described hereon. Agent or Cashier _____ Per _____ (The signature here acknowledges only the amount prepaid)	Received \$ _____ to apply in prepayment of the charges on the property described hereon. Agent or Cashier _____ Per _____ (The signature here acknowledges only the amounts prepaid)	Charges advanced: \$ _____	C.O.D. SHIPMENT C.O.D. AMT _____ Collection Fee _____ Total Charges _____
† This is to certify that the above articles are properly described by name and are packed and marked and are in proper condition for transportation according to regulations by the Interstate Commerce Commission. * If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight. † Shipper's imprints in lieu of stamp, not a part of Bill of Lading approved by the Interstate Commerce Commission. NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____.				THIS SHIPMENT IS CORRECTLY DESCRIBED. CORRECT WEIGHT IS _____ LBS.	

HAMLIN  
TOOL AND MACHINE COMPANY, INC.  
1671 EAST HAMLIN ROAD  
ROCHESTER, MICHIGAN 48307  
Shipper, Per \_\_\_\_\_ Agent, Per \_\_\_\_\_

Permanent post office address of shipper

1